

Dkt. 0575/54205-B/JPW/AJM/MML

In re Application of: John O'Connor and Steven Birken

Serial No.: 09/311,428

Examiner: Lisa V. Cook

Filed: May 13, 1999

Group Art Unit: 1641

For: METHODS FOR DETECTING TROPHOBLAST MALIGNANCY BY hCG ASSAY

HONORABLE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

March 31, 2004

S I R:

OFFICIAL

Transmitted herewith is an amendment to the above-identified application.

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CENTRAL FAX CENTER****MAR 31 2004**☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.☒ No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE				FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY	
Total Claims	14	-	* 40	=	0	X	\$9	\$18	-	\$0	0	
Indepen- -dent Claims	2	-	** 4	=	0	X	\$42	\$84	=	0	0	
Multiple Dependent Claim(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For First Time							\$140	\$280	0	\$140	0	
							TOTAL ADDITIONAL FEE		\$0			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

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Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

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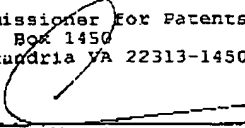
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 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125.

 X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

I hereby certify that this correspondence is being transmitted via facsimile on this date to:	
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	3/31/04
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